

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006182
State File No.

FILED FEB 24 1958

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>20590</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>32 days</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>7429 Wise</u>	

3. NAME OF DECEASED (Type or Print) <u>LAURENCE</u>	a. (First)	b. (Middle) <u>FRANCIS</u>	c. (Last) <u>GIOVANNI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7 1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG. 10, 1890</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PRINTER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ITALY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>ANTHONY GIOVANNI</u>	13b. MOTHER'S MAIDEN NAME <u>GIOVANNI (No. RELATION)</u>	14. NAME OF HUSBAND OR WIFE <u>CAMILLA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-05-4681a</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bro. Rich. St. Joseph's Hill Inf. Eurgra</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>CEREBRAL Arteriosclerosis</u> DUE TO (c) <u>Cardio Vascular Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>1/5/58</u> , 19 <u>58</u> , to <u>2/7/58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2/7/58</u> , 19 <u>58</u> , and that death occurred at <u>1:51</u> p.m., from the causes and on the date stated above.		

23a. SIGNATURE <u>J. M. Marder M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph's Hill Infirmary Eurgra</u>	23c. DATE SIGNED <u>2/7/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 10-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>

DATE REC'D BY LOCAL REG. <u>2-8-58</u>	REGISTRAR'S SIGNATURE <u>Robert E. Dauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Worley 6536 Clayton Rd. St. Louis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. W. B. White*.....
Licensed Embalmer No. *365*.....
P. O. Address *Hillsboro, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.